

Return this form to:

TASC, DCRT, Natl. Institutes of Health
Building 12A, Room 1017
12 SOUTH DR MSC 5605
BETHESDA, MD 20892-5605

For assistance, please call:
(301) 594-3278 (301-594-DCRT)

Interagency Agreement for Annual Renewal of DCRT Outside Account Authorization

Official name of the requesting agency and component

DCRT Account No.

Period covered by renewal: *From*

To

When you renew your existing agreement for Division of Computer Research and Technology (DCRT) services with this document, you are agreeing to the following conditions:

1. You must use your account in accordance with DCRT's Standard Operating Procedures as expressed in the User's Guide and our other technical publications. Your use is on a time-available basis, subject to NIH's production requirements. Because your users submit computer runs directly to DCRT's computer, your agency assumes responsibility for **all** charges incurred.
2. This agreement is an intragency agreement in accordance with 31 U.S. Code 1535.
3. Your agency has full responsibility for paying NIH for all services used, even if you exceed your agency's internal limitations.
4. You will be billed periodically by the Division of Financial Management, NIH. We will base the billing on actual services used, at the standard rates of the NIH Service and Supply fund.
5. When you want to terminate this agreement, you must inform DCRT and:
 - Release all tapes, disks, equipment, you must inform DCRT and:
 - Request that we deactivate your account number and all user initials.
 - Notify the Technical Information Office to stop mailings of technical literature.If you terminate this agreement *without* closing your account as we specify above, we will charge you with our costs of closing the account.
6. This agreements in effect for the period stated above or until terminated in writing, *whichever is later*.

Financial Officer Responsible for Receiving and Paying Bills

Name	Phone No.	Title
OffAdd		Internal Agency Reference (<i>Agreement No., Purchase Order No., etc.</i>)

Authorization to Commit Funds of Requesting Agency

Name	Phone No.	Title
Signature		Date

DCRT/NIH Acceptance

Name	Phone No.	Title
Signature		Date